Poster Session P12/The Morita Prizes

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Oral manifestation in microcephalic osteodysplastic primordial dwarfism type II: a case report

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Introduction: Microcephalic osteodysplastic primordial dwarfism type II (MOPD II) is a rare autosomal recessive inherited form of primordial dwarfism (Kantaputra *et al*., 2011). Studies suggested this condition is due to mutation of PCNT gene, which causes premature truncation of the pericentrin, a critical centrosomal protein. The phenotype of MOPD II shares some similarities with Seckel syndrome, but distinguishable by the severity of growth retardation, skeletal abnormalities, mild/absent mental retardation and dental anomalies.
Case reports: A 16-year-old Chinese boy diagnosed with MOPD II was referred to the Paediatric Dentistry Clinic, Prince Philip Dental Hospital for management of small, mobile teeth. He presented with extremely short stature with areas of hypo and hyperpigmented skin and distinct craniofacial features, consisting of microcephaly, prominent beaked nose, micrognathia and small mouth. Intraoral features revealed striking dental anomalies of severe microdontia of permanent dentition, with generalised mobility and plaque accumulations. Radiographic examination showed impaction of 35, teeth with either single and short-rooted or rootless and hypoplastic alveolar bone. During the recall appointment, patient claimed that a few mobile permanent teeth have exfoliated.
Comments: Given the patient's oral condition and behaviour, preventive therapy provides the best mode of treatment in order to maintain gingival health and to prevent further alveolar bone resorption.
Keywords: MOPD type II, microdontia, generalised mobility.

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Infected tooth follicle in the maxilla of a neonate

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Introduction: Purulent draining sinus from maxillary region in neonates is rare and has been diagnosed as osteomyelitis in some of the clinical reports. No case has been reported, where infected tooth follicle has been the focus of infection in a neonate. Purpose of this presentation is to suggest to the paediatric dentists that developing tooth can be a possible cause of such infection.
Case reports: A 20 days male child was referred by pediatrician for management of persistent pus discharge from maxilla. There was history of pus discharge for last 10 days and child was receiving Inj. Vancomycin (40 mg/kg/day IV) and Inj. Amikacin (45 mg/kg/day IV), to no relief. There were no systemic symptoms and baby was gaining weight. Intraorally, draining sinus was present in canine region. Pus culture sensitivity showed growth of *Staphylococcus aureus* (MSSA). Intravenous antibiotics for 4 weeks didn't improve the condition. Computerized tomographic scan of the maxilla revealed destruction of the outer cortex, resorption in relation to root of canine and mild soft tissue in the region. The possibility of osteomyelitis was considered and surgical exploration was planned under general anaesthesia. On exploration, right maxillary primary canine was found to be discolored and lying loose in the granulation tissue. The infected tooth was removed and area was debrided. Postoperatively Injection Augmentin (55 mg/kg/day IV) was given for 4 weeks and wound healed normally. The patient has been followed up for 1 year with no relapse.
Comments: Infected tooth follicle can be a possible cause of purulent discharge in a neonate.
Keywords: infected tooth follicle, neonate, *Staphylococcus aureus*.

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Benefits of early treatment using nasoalveolar molding in an infant with unilateral complete cleft lip and palate: a case report

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Introduction: Nasoalveolar Molding (NAM) is a pre-surgical treatment used to improve the surgical results of patients with cleft lip and palate. The NAM appliance can help improve the nasal projection, achieve a better symmetry and minimize the surgical scar.
Case reports: The purpose of this report is to present the case of a 1-day-old infant with a right unilateral complete cleft lip and palate who was brought to Pediatric Dentistry Center Philippines by his mother. After impression taking, the child immediately received nasoalveolar molding with lip taping treatment from age 0 to 3 months. Periodic follow up was done to assess the progress of the approximation of the cleft lip and lateral segments of the palate. Documentation until age 2 was done to monitor any relapse post NAM and post cheiloplasty.
Comments: Two years post nasoalveolar molding, the following benefits were observed: better symmetry of the nose, no surgical scar, better nasal projection and better nasal collumella height.
Keywords: nasoalveolar molding, unilateral complete cleft lip and palate, NAM appliance, cleft lip and palate, cheiloplasty.

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Calcifying fibroblastic granuloma: a case report

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Introduction: Calcifying fibroblastic granuloma (CFG) is a reactive gingival overgrowth occuring frequently in the anterior maxilla in teenagers and young adults. The clinical appearance of CFG is very similar to any other gingival overgrowth thus histological confirmation is mandatory.
Case reports: We report a case of CFG in the maxillary anterior region displacing the upper lateral incisor in an 11 year old female. Deep surgical excision was carried out under general anaesthesia. The patient was reviewed at periodic intervals and no recurrence was noted.